CDC Worksite Health ScoreCard

An Assessment Tool for Employers to Prevent Heart Disease, Stroke, and Related Health Conditions

Questions and Answers

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Introduction to the CDC Worksite Health ScoreCard

Questions and Answers

1. What is the CDC Worksite Health ScoreCard?

The CDC Worksite Health ScoreCard (HSC) is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as high blood pressure, diabetes, and obesity.

2. Who developed the CDC Worksite Health ScoreCard?

This tool was developed in 2008 by CDC's Division for Heart Disease and Stroke Prevention in collaboration with the Emory University Institute for Health and Productivity Studies (IHPS); the Research Triangle Institute; CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Workplace Workgroup; and an expert panel of representatives from the federal, state, academic, and private sector. It was updated in 2013 to include four additional topics related to worksite health (lactation supports, occupational health and safety, vaccine preventable diseases and community resources).

3. Why should my organization use the CDC Worksite Health ScoreCard?

The United States is facing an unparalleled health epidemic, driven largely by chronic diseases that are threatening American businesses' competitiveness because of lost productivity and unsustainable health care costs. The medical care costs of people with chronic diseases accounted for more than 75% of the nation's \$2.2 trillion in medical care costs in 2009.^{1,2} For example,

Heart disease and stroke, which are the primary components of cardiovascular disease (CVD), are the first and fourth leading causes of death in the United States.
 They are responsible for one of every three (more than 800,000) reported deaths each year.³ CVD is responsible for 17% of national health expenditures, and as the

US population ages, these costs are expected to increase substantially. In 2010, annual direct and overall costs resulting from CVD in the United States were estimated at \$273 billion and \$444 billion, respectively.

- In 2008 dollars, the medical costs of obesity were estimated at \$147 billion.⁵
- In 2007, the economic costs related to diabetes were estimated at \$174 billion. This figure includes \$116 billion in direct medical expenses and \$58 billion in indirect costs from disability, work loss, and premature mortality.⁶
- During 2000–2004, the economic costs related to tobacco use were estimated at \$192.8 billion a year. This figure includes \$96 billion a year in direct medical costs and \$96.8 billion a year in lost productivity.⁷

Although chronic diseases are among the most common and costly of all health problems, adopting healthy lifestyles can help prevent them. A wellness program that seeks to keep employees healthy is a key long-term strategy that employers can use to manage their workforce. To curb rising health care costs, many employers are turning to workplace health programs to make changes in the worksite environment, help employees adopt healthier lifestyles and, in the process, lower employees' risk of developing costly chronic diseases.

The approach that has proven most effective is to implement an **evidence-based**, **comprehensive health promotion program** that includes individual risk reduction programs that are coupled with environmental supports for healthy behaviors and coordinated and integrated with other wellness activities.⁸⁻¹⁰ However, only 6.9% of US employers offer a comprehensive worksite health promotion program, according to a 2004 national survey.¹¹

Several studies have concluded that well-designed worksite health promotion programs can improve the health of employees and save money for employers. For example,

- In 2005, the results of an analysis of 56 financial impact studies conducted over the past 2 decades showed that medical or absenteeism expenditures were 25%–30% lower for employees who participated in worksite health promotion programs than for those who did not participate.¹²
- In 2010, a literature review that focused on cost savings garnered by worksite wellness programs found that the return on investment (ROI) for medical costs was \$3.27 for every dollar spent. The ROI for absenteeism was \$2.73 for every dollar spent. 13

Studies have also found that worksite health promotion programs can take 2 to 5 years to see positive ROIs. 14-16

Although employers have a responsibility to provide a safe and hazard-free workplace, they also have many opportunities to promote individual health and foster a healthy work environment. CDC encourages employers to provide their employees with preventive services, training and tools, and an environment that supports healthy behaviors.

The HSC includes questions on many of the key evidence-based and best practice strategies and interventions that are part of a comprehensive worksite health approach to addressing the leading health conditions that drive health care and productivity costs.

4. Who can use the CDC Worksite Health ScoreCard?

Anyone who is responsible for promoting health in the workplace can use the HSC to set benchmarks and track improvements in their organization. Examples include employers, human resource managers, health benefit managers, health education staff, occupational nurses, medical directors, and wellness directors.

State or local health departments can help employers and business coalitions use this tool to find ways to create healthier workplaces. They can also use this tool to monitor worksite practices, create best practice benchmarks, and track improvements in health promotion programs in the workplace over time. This information can help health departments direct their resources and support employers more effectively.

5. What can the CDC Worksite Health ScoreCard tell me?

The HSC has 125 questions that assess how evidence-based health promotion strategies are implemented at a worksite. These strategies include lifestyle counseling services, environmental supports, policies, health plan benefits, and other worksite programs shown to be effective in preventing heart disease, stroke, and related health conditions. Employers can use the HSC to assess how a comprehensive health promotion and disease prevention program is offered to their employees, to help identify program gaps, and to set priorities for the following health topics:

- Organizational Supports (18 questions).
- Tobacco Control (10 questions).
- Nutrition (13 questions).
- Lactation Support (6 questions).
- Physical Activity (9 questions).
- Weight Management (5 questions).

- Stress Management (6 questions).
- Depression (7 questions).
- High Blood Pressure (7 questions).
- High Cholesterol (6 questions).
- Diabetes (6 questions).
- Signs and Symptoms of Heart Attack and Stroke (4 questions).
- Emergency Response to Heart Attack and Stroke (9 questions).
- Occupational Health and Safety (10 questions).
- Vaccine-Preventable Diseases (6 questions).
- Community Resources (3 questions; not scored).

6. How do I complete my CDC Worksite Health ScoreCard?

- a. Register your employer and your worksite by clicking the "Get Started" button in the Register section of the CDC Worksite Health ScoreCard (HSC) log-in page (http://nccd.cdc.gov/WorksiteHealthScoreCard). If an employer account has already been set up for your organization, the HSC employer administrator in your organization can give you an employer ID to use when you register your worksite. This ID number will ensure that your worksite is associated with the correct employer. (If you are an employer administrator, you can register all worksites for your employer yourself once you log in with your employer administrator log-in code.)
- b. Answer the questions for all topics in the scorecard and select the option "Submit to CDC."
 - Complete the demographic section by selecting the most accurate response or entering the appropriate numerical value. (All percentages must add to 100%.) Some questions in this section are optional. We recommend collecting this information because it can help you pick strategies to promote health in the workplace that are appropriate for the needs and interests of your workforce.
 - Answer "yes" or "no" for all other questions in the HSC. Use the <u>Glossary</u> to help you
 understand terms used in the questions. All answers should reflect the practices and
 programs that are currently in place at your worksite (i.e., ongoing activities,

- services) or that have occurred within the last 12 months (e.g., annual 12-week walking challenges).
- The HSC has 17 worksite health topics. You can complete all topic sections at one time or do them separately, and you can do them in any order. The entire survey of questions will take about 30 minutes to complete. You may want to print a copy of the questions so you and your team members can become familiar with the content of each section (http://www.cdc.gov/dhdsp/pubs/docs/HSC Manual.pdf).
- Review each section before you try to respond to find out what types of information you need. Answers to most questions are readily available from the following sources:
 - > Organizational health policies (e.g., an employee policy handbook).
 - > Communications materials (e.g., flyers, brochures, newsletter, signs).
 - Benefit plans
 - Interviews with key stakeholders such as human resource managers or occupational health nurses.
 - Direct observation.

In some cases, the person assigned to complete the HSC may not know the answers to the questions. When that happens, the person should leave those questions unanswered, save their work, and then work with others at the worksite to get the information needed.

- Some questions ask you to describe your health insurance plan. If your organization offers more than one option, base your responses on the plan with the highest enrollment.
- Throughout the HSC survey, questions refer to "health promotion" at your worksite. This term can also be known as "worksite wellness" or "wellness programs."
- If your organization is a large organization with multiple worksites, you should consider completing a separate HSC for each worksite. Another option is to select one worksite that represents a large proportion of your workforce or will be the focus of your workplace health efforts. A worksite is a building, unique location, or business unit within an organization where work occurs. A worksite can include a campus of multiple buildings if all the buildings are in close proximity (walking distance) and defined as part of the organization. For example, a shipping company should consider a single retail store, distribution center, or corporate office park as separate worksites unless they are geographically adjacent. By completing a

- separate HSC for each worksite, you can identify different areas of strengths and opportunities for improvement across the worksites within your organization.
- c. Once you have submitted your worksite's scorecard, a benchmark report is available for your worksite. Use this report to see scores by topic and to compare those scores to the average scores of other worksites.

7. How is the CDC Worksite Health ScoreCard scored?

The scoring system was developed to assess the relative impact of proven health promotion strategies. Each strategy used in the HSC was assigned a weighted score based on an expert panel's assessment of each strategy's evidence base and impact level. Each question on the HSC survey was assigned a point value from 1 to 3 (1 = good, 2 = better, 3 = best). This point value reflects the level of impact that the strategy has on the intended health behaviors or outcomes and the strength of scientific evidence supporting this impact. For example, materials such as brochures that are intended to build awareness (1 point) will have less of an impact on employee health than lifestyle counseling or self-management programs (3 points).

8. How are the points calculated?

Your completed HSC generates two scores—a total HSC score and individual scores for each of the 15 topics that are scored (Worksite Demographics and Community Resources are not scored). The total HSC score is calculated by adding the point values of all of the questions to which you responded YES. Individual topic scores are calculated by adding the point values of all of the questions to which you responded YES in a particular section (e.g., Organizational Supports). A higher score (for all scores combined or for an individual topic) indicates that you have more strategies in place, that you are using a higher percentage of high-impact strategies (i.e., those with a higher-weighted score), or both.

9. What information is contained in the benchmark report?

A benchmarking report is generated when you submit your HSC. This report provides a score for each worksite for the year in which the scorecard was submitted (the current year). This score is benchmarked against each worksite's score from the prior year and against scores from the prior year for other worksites for the same employer. It is also benchmarked against scores from the prior year for all worksites of the same size and all worksite scorecards submitted to CDC, regardless of employer size. The following information is displayed in the benchmarking report:

Topic — a category of questions in the HSC. Questions about public health strategies and interventions are grouped under specific topics (e.g., Nutrition, Physical Activities, Lactation Support).

Total Points Possible — represents the maximum number of points available when the scores for each question are added together for each individual topic; an overall total is also calculated by adding all individual topic scores together.

[**Prior-Year**] **Score** – represents the actual number of points for each topic when the scores for each question in that topic are added together; an overall total is also calculated by adding all individual topic scores together. These scores are for all individual worksites that submitted an HSC any time during the prior year.

[Current-Year] Score – represents the actual number of points for each topic when the scores for each question in that topic are added together; an overall total is also calculated by adding all individual topic scores together. These scores are for all individual worksites that submitted an HSC any time during the current year. A green arrow represents a higher score from the prior year. A red arrow represents a lower score from the prior year. If no arrow is shown, it means no change from the prior year.

All Worksites for [your organization] – represents the average score for each topic and for all topics combined for all worksites that submitted an HSC for your organization during the prior year.

[Size Category] Worksites ([#] employees) – represents the average score for each topic and for all topics combined for all worksites in the same size category that submitted an HSC any time during the prior year.

All Worksites – represents the average score for each topic and for all topics combined for all worksites, regardless of size, that submitted an HSC any time during the prior year.

10. What employer size categories are used for comparisons?

The HSC uses the following employer size definitions:

- Very small (10–99 employees).
- Small (100–249 employees).
- Medium (250–749 employees).
- Large (750 or more employees).

11. How do I use the results of my CDC Worksite Health ScoreCard?

The HSC benchmarking report can be used as a planning tool. Your scores are intended to help you prioritize strategies as you set short-term and long-term goals for developing your worksite's comprehensive health promotion program. Review your scores to identify potential gaps in your worksite's program (i.e., topic areas where your organization currently has few strategies in place).

- 1. Identify which strategies your worksite will use and set priorities.
 - a. Identify the highest impact strategies not currently in place at your worksite.
 - b. Use this information and your scores to select strategies to use in the future that are relevant, feasible, and consistent with your organization's needs, your health promotion budget, and your employees' needs and health issues.
 - c. Identify which of your priority strategies are feasible for short-term or long-term success.
 - d. Use this information to develop an annual worksite health improvement plan and budget.
- 2. Each worksite's benchmark report includes links to "Resources for Action" (www.cdc.gov/workplacehealthpromotion/help/HSC/resources.htm) to help you with your strategic planning.
- 3. Contact your state health department for technical assistance as needed to improve your worksite health promotion program. State health departments can be valuable resources for additional tools and resources, and they can provide technical guidance on program design, performance, and evaluation. Contact your local health department to see if they have additional local information. Other sources for information about your state program are
 - http://www.cdc.gov/workplacehealthpromotion/organizations/index.htm and http://www.chronicdisease.org/search/.
- 4. Complete the HSC again in a year to document and report progress. You may also want to evaluate how your HSC scores correlate with improvements in aggregated health risk scores among employees who were exposed to your strategies.
- 5. Educate employees and managers about your organization's worksite health promotion program by sharing your worksite's HSC scores.

12. We've taken the initial survey, and our scores indicate that we're doing better in some areas than others. Where do we start?

Your HSC can help you decide which steps to take next. First, determine the areas where your worksite scores could improve the most. Once you have identified one or more areas to focus on (e.g., tobacco control), review the point values assigned to each of the recommended strategies. Higher point values indicate that a strategy is both effective and strongly supported by scientific evidence. These are the strategies that are likely to yield the best results. In addition, you will need to consider whether a particular strategy is feasible for your organization and will address your employees' health needs and interests. Consider costs, ease of implementation, and your organization's needs. After evaluating the potential effectiveness and feasibility of each of the strategies, you will be in a better position to set priorities for what to do next.

13. Where can I go for additional tools and resources?

The HSC provides several useful tools and resources organized by health issue or topic. To access a quick reference guide to these tools and resources, click "Resources for Action" (www.cdc.gov/workplacehealthpromotion/help/HSC/resources.htm). In addition, CDC has several Web sites focused on workplace health promotion and protection issues. These sites provide information, tools, resources, and guidance to employers interested in setting up or improving workplace health and safety programs. For more information, visit the following Web sites:

- http://www.cdc.gov/workplacehealthpromotion
- http://www.cdc.gov/nationalhealthyworksite
- http://www.cdc.gov/niosh/TWH

14. We had a program 3 years ago, but have since discontinued it. Does that still count?

No. The HSC survey is designed to measure health promotion activities currently in place (i.e., a Web site) or activities that have occurred within the last 12 months (i.e., walking challenges).

15. What are the advantages of using the online tool versus the paper scorecard?

The online system for the CDC Worksite Health ScoreCard (HSC) is automated, so you do not have to score the questions by hand. The online HSC will keep a record of all scorecards (submitted annually) for your worksite so that you can easily track your progress over time. Worksite-specific benchmark reports will help you see how your worksite's scores compare with the average scores of all registered worksites, registered worksites in the same size

category as your worksite, and registered worksites that report to your employer ("sibling" worksites).

16. Who can see my employer and worksite information?

Every employer account has its own log-in code. Anyone who logs in with an employer administrator log-in code can view and edit the profiles and current scorecards of all worksites associated with that employer. (Note that no scorecard can be edited by any user once you "Submit to CDC.")

CDC is strongly committed to respecting your privacy and maintaining the security of the information you submit. Please note that information related to your employer and its associated worksites is included with other organizations' information in aggregate report data. However, specific information about your organization (e.g., demographics data, HSC scores) is never shared outside CDC except when required by law.

17. What happens when I submit a scorecard to CDC?

Selecting the option "Submit to CDC" indicates to CDC that the scorecard is final. The worksite's scores and other information for that year can then be included in benchmark reporting.

Once an HSC has been submitted to CDC, it cannot be edited.

18. How often can my worksite submit a scorecard?

Each worksite can submit one scorecard per calendar year. The online application keeps a history of each worksite's scorecards.

The questions used in the HSC are intended to help you establish a baseline for your current health promotion programs and to identify areas where your organization would benefit from adding new programs. The HSC is also intended to help you measure your progress over time, so you may want to submit a new one at least annually. The online HSC will only allow access to complete a worksite health scorecard once a year. If you are interested in getting information on your worksite health program's progress more frequently, you can complete the paper version of the HSC at

www.cdc.gov/workplacehealthpromotion/help/HSC/HSC Manual.pdf.

References for

Questions and Answers

- 1. Centers for Disease Control and Prevention. *Chronic Diseases: The Power to Prevent*, the Call to Control. At A Glance 2009. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2009.
- 2. Centers for Disease Control and Prevention. *Health*, *United States*, 2009, with *Chartbook on Trends in the Health of Americans*. Hyattsville, MD: National Centers for Health Statistics, Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2010.
- 3. Roger VL, Go AS, Lloyd-Jones DM, et al. Heart disease and stroke statistics—2012 update: a report from the American Heart Association. *Circulation*. 2012;125(1):e2-e220.
- 4. Heidenreich PA, Trogdon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 2011;123(8):933-944.
- 5. Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer-and service-specific estimates. *Health Aff* (Millwood). 2009;28(5):w822-w831.
- Centers for Disease Control and Prevention. National Diabetes Fact Sheet: National
 Estimates and General Information on Diabetes and Pre-diabetes in the United States, 2011.
 Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human
 Service; 2011.
- 7. Centers for Disease Control and Prevention. Smoking-attributal mortality, years of potential life lost, and productivity losses—United States, 2000—2004. MMWR Morb Mortal Wkly Rep. 2008; 57(45):1226-1228.
- 8. Goetzel RZ, Shechter D, Ozminkowski RJ, Marmet PF, Tabrizi MJ, Roemer EC. Promising practices in employer health and productivity management efforts: findings from a benchmarking study. *J Occup Environ Med*. 2007;49(2):111.

- 9. Soler RE, Leeks KD, Razi S, et al. A systematic review of selected interventions for worksite health promotion: the assessment of health risks with feedback. *Am J Prev Med*. 2010;38(suppl 2):S237-S262.
- 10. Heaney CA, Goetzel RZ. A review of health-related outcomes of multi-component worksite health promotion programs. *Am J Health Promot*. 1997;11(4):290.
- 11. Linnan L, Bowling M, Childress J, et al. Results of the 2004 National Worksite Health Promotion Survey. *Am J Public Health*. 2008;98(8):1503-1509.
- 12. Chapman L. Meta-evaluation of worksite health promotion economic return studies. Art of Health Promotion Newsletter. 2003;6(6):1-10.
- 13. Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. *Health Aff* (Millwood). 2010;29(2):304-311.
- 14. Aldana SG. Financial impact of health promotion programs: a comprehensive review of the literature. Am J Health Promot. 2001;15(5):296-320.
- 15. Goetzel RZ, Juday TR, Ozminkowski RJ. What's the ROI? A systematic review of return on investment studies of corporate health and productivity management initiatives.

 Association of Worksite Health Promotion Worksite Health. 1999:12-21.
- 16. Pelletier KR. A review and analysis of the clinical- and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: 1998-2000 update. Am J Health Promot. 2001;16(2):107-116.